

Exam: Clinician - IDOC 09.2017 Institutions

Question #1 is the Minimum Qualifications to pass the exam for this position.

Questions #2-4 are Specialty Requirements and necessary for this position.

Questions #5-7 are extra credit and although not required, experience in these areas may increase your score.

Question #8 requires your customized resume outlining your education, licensure, training, and/or experience to demonstrate how you meet the minimum qualifications for this position and support your answers to questions #1 - #7.

In describing your work experience, include dates of employment, positions held, employer name, and responsibilities/duties. In describing education and/or training, please include: field of course work, degree title, and additional applicable course work (Course #, title, brief description) as identified in the question and on the job announcement.

For every question, describe all ADDITIONAL education, training, and/or experience in these areas as it may increase your score.

Your final score will be determined based on your supported answers. If your responses are not supported, you may not receive a passing exam score and will be removed from consideration or limit your eligibility for future state employment.

1. Do you possess a Master's degree, or higher, in social work, psychology, psychosocial rehabilitation counseling, marriage and family counseling, marriage and family therapy, or, a closely related field (with an emphasis on providing clinical-level human services)?

☐ Yes

☐ No

2. You must possess a current Idaho license as a Licensed Masters Social Worker, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, or Licensed Clinical Professional Counselor, or be license eligible within 90 days from the date of hire.

If you presently hold a current Idaho license in any of the required professions, provide your license number and the date of licensure.

If you hold a current license issued by another state, you must obtain an endorsement for an Idaho license or provide verification from the Occupational License Bureau confirming your eligibility for licensure prior to hire. The state of licensure, license type and license number must be provided.

If you are not currently licensed in Idaho or in another state but are license eligible in one of the required professions, you must provide verification from the Occupational License Bureau that you are scheduled to sit for licensure within 90 days.

Should you be invited to an interview you will be asked to supply a copy of your license or verification from the Occupational License Bureau at the time of the interview.

For licensure information please contact the Occupational License Bureau at: (208) 334-3233 OR email to: marilyn.london@ibol.idaho.gov OR mailing address is: PO Box 83720-0063, Boise ID 83702, attention Marilyn or contact Debbie.Sexton@ibol.idaho.gov. The physical address is 700 W State St, Boise ID 83702.

Without the information indicated, your application will not be considered.

License information

3. Please choose the item that best describes your current licensure.

- ☐ I possess a current Idaho license as a Masters Social Worker, Clinical Social Worker, Professional Counselor, or a Clinical Professional Counselor.
- ☐ I do not possess an Idaho license, but currently I am licensed as a Masters Social Worker, Clinical Social Worker, Professional Counselor, or a Clinical Professional Counselor in another state.
- ☐ I am not currently licensed in any state but I am license eligible and can obtain the required Idaho licensure within the 90 days as required by the announcement.
- ☐ I do not possess any of the above mentioned qualifications.

4. Are you willing to work non-traditional hours in a Correctional Facility providing program facilitation and individual/group counseling services to offenders? (Non-traditional hours may include evenings, weekends and/or holidays.)

This is required for this position.

- ☐ Yes
- ☐ No

5. Extra Credit: Please choose the item that best describes your experience in the screening, assessment, diagnosis, and treatment of adults with mental health disorders.

This is not required for all positions; however, relevant experience in this area may increase your score.

Be sure and support your answer in the details of your customized resume, question #8.

- ☐ A - I have at least 6 months of counseling experience with the above areas.
- ☐ B - I have at least one (1) year of counseling experience with the above areas.
- ☐ C - I have at least two (2) years of counseling experience with the above areas

6. Extra Credit: Please choose the answer below that best describes your experience developing and implementing treatment plans.

Typically gained through 6 months experience developing and implementing treatment plans.

This is not required for all positions however, relevant experience in this area may increase your score.

Be sure and support your answer in the details of your customized resume, question #8.

- ☐ I have between 6 and 12 months of experience in developing and implementing treatment plans.
- ☐ I have between 1-2 years of experience in developing and implementing treatment plans.
- ☐ I have 2 or more years of experience in developing and implementing treatment plans.

7. Extra Credit: How many documented suicide risk assessments have you completed in the last three (3) years?

Typically gained by some training in suicide risk assessments.

This is not required for all positions however, relevant experience in this area may increase your score.

Be sure and support your answer in the details of your customized resume, question #8.

- ☐ I have no experience or training working with suicide risk assessments
- ☐ None documented, but I have received training
- ☐ Up to five (5) documented suicide risk assessments completed in the last three (3) years

- ☐ Over five (5) documented suicide risk assessments completed in the last three (3) years
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8. IMPORTANT: You MUST add your customized resume to the space provided or you will fail this exam. Links will not be accepted. Your resume MUST support your answers provided in this exam. Inaccurate information may result in your removal from this register.

Emphasize your education, experience, and training directly related to the exam questions. For education or training, list the title and course number (if available), dates, number of classroom hours (or days) and/or credits with a brief description of the content. For experience list the months and/or years held, title of your job(s), and the name of the employer(s) where you worked in this capacity.

If you do not have your resume prepared, click on "finish later". Once your resume is completed, you will need to return to this exam question, copy and paste it in the space below. Once you insert your resume, click on "save exam answer". Scroll down to review your exam responses and submit your completed exam by the closing date.

PLEASE NOTE: Any special formatting such as underlines, tabs, bolding, indenting, numbering and bullets in your resume will be removed when you copy and paste it from WORD into the space below - this is OK! We are only interested in the content.

Insert your resume here.